UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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2016 DEC 19 PM 12:25
S.D. OF N.Y.

Tina R. SealS

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

Robert Jones
Kanisha Jones Williams
Mary Alice Higgins Jones

Jury Trial: ☒ Yes ☐ No
(check one)

16CV 9811

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff
Name Tina R. SealS
Street Address 1260 Sedgwick
County, City Bronx
State & Zip Code NY, 10452
Telephone Number 929-288-2901

B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1
Name Robert Jones, Kanisha Jones WilliamS
Street Address

County, City ______
State & Zip Code ______
Telephone Number ______

Defendant No. 2
Name Kanisha Jones Williams
Street Address ______
County, City ______
State & Zip Code ______
Telephone Number ______

Defendant No. 3
Name Mary Alice Higgins Jones
Street Address ______
County, City ______
State & Zip Code Houston, TX
Telephone Number ______

Defendant No. 4
Name ______
Street Address ______
County, City ______
State & Zip Code ______
Telephone Number ______

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than $75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? *(check all that apply)*

☐ Federal Questions ☒ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? ______

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship New York (Bronx)
Defendant(s) state(s) of citizenship New York, Virginia, Houston, TX

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? ~~Dec 1996 to present~~ ~~[illegible]~~
Houston, TX, NY

B. What date and approximate time did the events giving rise to your claim(s) occur?
Between dates Dec 1996 and Dec 2016

C. Facts: Robert Jones, Kanisha Jones (husband and wife) along with Mary Alice Higgins Jones (mother to Robert) claim me to be the ① Surrogate, ② birth mother, ③ Egg donor – to Julian Jones, Christian Jones, Female Doe Jones, and RJ Jones JR.

What happened to you?

Defendants have garnished wages, through FJC Security, Long Island City, NY, and pursued me for other wages. For support of named children.

Who did what?

~~[illegible]~~ Plaintiff has no context for the birth's of Jones Children. Nor consented, to provide any type of ① egg donation, ② surrogacy ③ incubation ④ sexual services - for the purpose of creating named children.

Was anyone else involved?

Mary Alice Jones Higgins accused me of stealing her diamond earrings. Rob Jones had consensual sex with Plaintiff one time before 2000. And did not get pregnant, have a baby, or have HIV. Rob Jones states Plaintiff gave him HIV. She's negative.

Who else saw what happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Lost wages
Harassment / Stalking
Potential rape
Forced surrogacy
Assault
Defamation of character

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

Seeking $15 Millim USD from ~~[illegible]~~ defendants
DNA testing
Investigation and referral to family services
And criminal Court.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 19th day of Dec, 2016

Signature of Plaintiff: Ina R Seab

Mailing Address: 1260 Sedgwick
Bronx, ny 10452

Telephone Number: 929-288-2901

Fax Number *(if you have one)* ______

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of ______________, 20__, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: Ina R Seab

Inmate Number ______